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SURVEY OF HOSPITAL NURSING SERVICES

Report by

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NATIONAL LEAGUE FOR NURSING

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FOREWORD

The survey of hospital nursing services reported here was made at the recommendation of the Steering Committee of the Department of Hospital Nursing of the National League for Nursing. The questionnaire used in the survey was mailed early in 1964, and responses received any time during the following year were accepted for inclusion in the survey.

It was the aim of the survey to discover what organizational patterns of nursing service existed in the hospitals of the country. Though the material was gathered four years ago, there is reason to believe that, in general, the picture derived from the responses to the survey has not changed appreciably since that time. Reports of consultants in the field of hospital nursing indicate that, while in individual communities hospital nursing services may change continually to meet changing demands, countrywide the organizational pattern of nursing services administration tends to remain the same. About the time that one hospital discontinues a controversial practice, another initiates it.

The National League for Nursing is grateful to all those who assisted in conducting and reporting the survey. The questionnaire was developed by an Advisory Committee that worked in close cooperation with members of the NLN staff, notably Hessel H. Flitter, Ed.D., then director of the Research and Studies Service, and Evelyn Zetter (now Evelyn Zetter Jones), then director of the Department of Hospital Nursing. Others, not on the staff, who assisted in the analysis and compilation of the tables and in the preparation of the manuscript are Mrs. Beverly Burnett, Mrs. Jean Davis, Martha Harris, and William Lee Hoover, Ph.D. And of course special thanks are due to those who took the time to prepare and submit the responses to a lengthy questionnaire.

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SURVEY OF HOSPITAL NURSING SERVICES

The study survey of hospital nursing services was designed to fulfill two major purposes:

1. To stimulate hospital nursing services to look at their current status of activities and
2. To serve as a basis for implementing the criteria for effective nursing services developed by the Department of Hospital Nursing (DHN) of the National League for Nursing (NLN).

These purposes were more specifically stated as four objectives:

1. To provide some basic data on the current administration of hospital nursing services responding to the questionnaire
2. To identify from this data major problems that the responding hospitals need to study further
3. To enable the Department of Hospital Nursing to identify trends and changes that might occur in the future in responding hospitals
4. To serve as a basis for the responding hospitals to implement the criteria for evaluating their hospital's department of nursing service

The questionnaire used in this study survey was developed by the DHN Steering Committee and staff, working with the NLN Research and Studies Service.

The original mailing of 1,861 questionnaires yielded 1,172 usable replies (63 percent) from short-term, general, non-federal, non-psychiatric hospitals of all sizes based on average daily census (Table 1). They all volunteered to take a critical look at their operations and submitted a description in the form of a response to the questionnaire.

The returns on each questionnaire were punched on IBM cards and run to obtain descriptive data. Of interest was the relationship between average daily census of hospital and selected characteristics of the hospitals or the individuals employed in the hospitals. The analysis was descriptive, based on a numerical count or the computation of percentages or ranks.

What is presented here is a review of some of the more significant findings, discussion of the findings in relation to the problems or issues they suggest, and, in some cases, proposals for further study or action in the responding or similar hospitals.

The Primary Identification of Nursing Services in the Hospital

A major question confronting nurses and those associated with them in providing care for patients is: What should be the purpose or function of nursing service in the hospital and with whom or what should it be primarily identified? (1) For the respondents to this questionnaire, the extent to which nursing services are assuming responsibility for other organized services, facilities, and departments is extensive. This responsibility may take the form of full-time management and supervision of a given service or facility, or it may be the assumption of the duties of another service or facility during part of the 24-hour period on weekdays or on weekends or both.

For example, in hospitals reporting provision for the service, 90 to 98 percent of them indicated that the following services were administered by nursing service at some time during the day: intensive care unit; recovery room--obstetrics; ward clerks; operating room; emergency room; recovery room--surgery; psychiatric unit. In addition, nursing services were responsible for 80 to 89 percent of these services: self-care unit, long-term care unit, central supply, formula room. Seventy percent of the nursing services administered the outpatient department or clinic and the ward managers. Forty-seven to 53 percent of them were responsible for the referral system, escort service, and inhalation therapy (Table 2).

Hospitals in smaller numbers--in percentages ranging from 20 to 34 percent--reported that their nursing services were responsible for five additional services: messenger service, satellite hospital, home care program, rehabilitation unit, delivery service.

Some of these services, such as the delivery, messenger, and escort services, are not deeply involved with patient care. This tendency of nursing services to take on extra duties seems to be a continuing one, since they are assuming responsibility for operating some of the newer services now being introduced into hospitals, such as the self-care unit, ward managers, and satellite hospitals. Some of these services, such as intensive and long-term care units, may be providing extensive patient care and may belong with other nursing service units. However, many quite obviously are not--such as messenger or escort services and pharmacy.

The question of what should be the primary purpose or identification of nursing services becomes even more apparent when one considers the way in which the nursing services assume responsibility during part of a 24-hour period for departments and services whose operation calls for diversity of knowledge, skill, and judgment. For example, approximately 80 percent of the hospitals reported that at some time during the week, their nursing service was responsible for operating central supply (79.5 percent) and pharmacy (78.4 percent) (Table 3). Seven

hundred and nine of these hospitals reported that their nursing service managed central supply full time on weekdays. This practice was somewhat more prevalent in the larger hospitals.

As for the operation of the pharmacy, it was not a full-time responsibility of nursing service except for 6 percent of the hospitals. However, on weekdays, 627 nursing services carried this responsibility during evening and night hours. The picture changed on weekends, however, when many nursing services (293) took over full-time responsibility for the pharmacy and 916 reported responsibility at some time during the weekend (Table 4).

Between 60 and 65 percent of the hospitals said that at certain times, their nursing services took on the responsibility for hospital administration, the escort and delivery service, and the formula room.

Five hundred and eighty-five hospitals, representing all sizes, reported that their nursing services carried the responsibility for hospital administration during the evening and night hours on weekdays. Two hundred and thirty-nine of these were large hospitals. On weekends, 38.7 percent of the reporting hospitals turned full responsibility for hospital administration over to their nursing services.

In approximately 42 percent of the hospitals, nursing service had full-time responsibility during weekdays for the escort and delivery service and for the formula room. Slightly more than half of the hospitals that reported that nursing services managed and supervised the escort and delivery service were in the larger size categories. The opposite was true of the formula room: more of the smaller hospitals reported nursing service in charge of this facility.

Three other services for which nursing services were responsible either full or part time during weekdays were housekeeping, the dietary service, and the volunteer service. Between 21 and 24 percent of the hospitals said their nursing service managed each of one of these three at least part of the time; less than 5 percent said they carried one or more full time on weekdays. Two of the services--housekeeping and the dietary service--were reported by between 18 and 21 percent of the hospitals to be under nursing service during the evening and night hours or the night hours alone on weekdays and by 16 to 20 percent to be under nursing service during these periods on weekends. The third service--the volunteer service--was reported to be managed by nursing service on weekdays during the day or during the day and evening by 11.8 percent of the hospitals.

In 156 hospitals (13.3 percent), nursing service was responsible for the purchasing and supply department on weekdays, and 113 of them operated this department during the daytime hours. In 5.4 percent of the hospitals, nursing service also operated the anaesthesia department at some time during the 24-hour period on weekdays and 5.6 percent did so on weekends.

In the light of these findings, the questions raised at the beginning of this section may now be asked again and some new ones added. For what purpose does nursing service exist? Does it exist solely to provide the administrative structure necessary for the giving of nursing care to patients? Or is it also expected to provide continuity for the functioning of other departments of the hospital, absorbing the duties of these departments from time to time or all the time? If the nursing service is seen to have two purposes, which takes precedence over the other? How much recognition is given to the nursing service for its sustaining efforts in the way of authority granted? Personnel provided? Monetary reward? How are the nursing service personnel prepared to assume their extra responsibilities? Is the use of nursing services to support many other functions of the hospital justified in light of the serious, overwhelming shortage of nursing personnel? How can these additional responsibilities be reconciled with the finding that staffing is the major problem facing the nursing service director? These are only a few of the many questions that are suggested by the findings of the survey.

Since in the performance of its functions, the nursing service utilizes many other services of a hospital, whether or not these services are readily available affects the ease with which nursing care is provided. If they are not otherwise provided for, does it become necessary for nursing to provide them? If so, does this add or detract from the efficiency of nursing service to provide patient care? Where in organized administration should specialized units of patient care be entrusted? Does nursing service and do others see a wide range of responsibilities for nursing in order to provide patient care or a pinpointing of responsibility to the specific task with supporting services provided by others?

It is urged that this issue be faced unemotionally and forthrightly. It is urged that a comprehensive study of the issue and the questions associated with it be conducted, and that part of the study be an inquiry into the organization of hospital services. Undoubtedly, there are many psychological, social, and economic forces at work that are perpetuating current practices. These forces should be identified and the problems underlying the organization, coordination, and integration of hospital services thoroughly probed in order to ascertain what part, if any, nursing services ought to play in the provision of services not having to do with direct patient care. The greatest need is for action that will take professional nursing out of the subsidiary role it now occupies in hospital services.

Directors of Nursing Services

Related to the question of what should be the purpose of nursing services and with what they should be identified is the question of what kind of leadership the services should have. The picture of present-day leadership in nursing

may or may not be satisfactory, depending on what one's beliefs are about the kind of leadership a director of nursing should provide and what her role should be.

In brief, the findings of the survey showed that the age of the directors of the nursing services responding ranged from 21 to 77 years, with the median age falling at 48 (Table 5). Thirty-seven and eight-tenths percent of those responding were in the 45-54 year age range.

The information on the education of the directors is that 88 percent of them received their basic nursing education in diploma schools and 9.0 percent in baccalaureate programs (Table 6). Five directors were basic associate degree graduates. Many of these directors had sought education beyond their basic course, however. The report on the highest earned credential of the directors was: 2 with a doctoral degree; 467 (39.8 percent) with a masters degree; 310 (26.5 percent) with a baccalaureate degree; and 9 with an associate of arts degree (Table 7). At the time of the survey, slightly less than one-third (30.1 percent) had earned no academic credential other than the diploma. The question of whether or not they were working toward such a credential was not asked in the questionnaire.

Eighteen of the directors who had earned a degree did not answer the question about the field in which they had majored. Of the 761 who did respond, the highest number of those reporting (288) held a major in nursing service administration (37.8 percent); 33.8 percent reported majors in nursing education; and 28.4 percent majors in other fields (Table 8). The hospitals in the study that are known to have a director of nursing with a major in nursing service administration formed 24.57 percent.

Two questions about tenure of the director of nursing service were asked in the survey: how many years had the director been employed in the hospital and how long had he or she held the position of director of nursing services. In response to the first question, 75 directors (6.4 percent) reported they had been in the hospital one year or less; 48.1 percent had had less than 10 years' experience there; 19.9 percent between 10 and 14 years; and 27.7 percent between 15 and 40 years (Table 9).

As for how long the director had been in that position, 16.2 percent had served less than 1 year; 40.5 percent less than 3 years; 56.0 percent less than 5 years; and 72.7 percent less than 10 years (Table 10). The percentage of hospitals in which the director had held the position for less than 15 years was 85.5.

The 1,041 directors held a total of 1,894 individual memberships in seven different professional organizations (Table 11). Of these, 995 indicated membership in the American Nurses' Association and 696 in the National League for Nursing. Six hundred and sixty-five of them belonged to both ANA and NLN.

Sixty-four percent of the 1,172 directors reported that they were involved in the work of other service organizations. These 751 directors said that they were active in community and civic organizations and they listed a variety of affiliations (Table 12). The largest number (248) of those responding said they were active in civic groups. Two hundred and nine were involved only in health and welfare activities. Women's service activities ranked third in frequency.

These findings again raise questions. Do they indicate that directors of nursing at the present time are giving the kind of leadership that is required if patients in hospitals are to receive the nursing care they require? How can a larger proportion of the more highly prepared individuals be encouraged to seek out positions of leadership in nursing services? Is the amount of participation in professional and community affairs, as evidenced by membership in organizations, sufficient to make this group a force in shaping and molding professional public opinion and implementing action about nursing? (2) Is the turnover in the position of director of nursing service in hospitals serious?

The survey findings also suggest another question related to that of the purpose of nursing service and to some other points that will be discussed later. This is whether there should be an educational program that prepares nurses specifically for the position of director of nursing services, and if so, what it should encompass. If the view is taken that nursing service should be concerned primarily with patient care and should restrict its efforts to that area, then it is disheartening to learn that the majority of the directors of nursing who take on responsibility for the functioning of other services and departments are those with the highest academic preparation. There must be some kind of rationale that leads these directors to extend their roles in this way, but what is it? Is it based on economic considerations? Is it related to the director's program? Or is it related to her position and that of nursing in the hospital organizational structure? Or to her perception of the difference between the status accorded to nursing practice and that given to administration? It would seem that, if the extension is related to either of the last two possibilities, some serious questions could be raised about how the individual had been selected and prepared for her present position and how she viewed her mission. Some individuals would claim that her mission was to administer a professional service, and that she needs a breadth of clinical knowledge about the care of patients far surpassing that gained only from a basic program in nursing and from experience. Others would hold that she is prepared precisely for administration, since she now occupies an administrative role. Perhaps this issue cannot be resolved until the identification of the nursing service role is more clearly defined.

There is need to discuss these two points of view at length, to consider seriously what constitutes adequate preparation for functioning as a director, and to suggest a change in the academic preparation if change is indicated.

Involvement in Nursing Education

The hospitals in the survey were highly committed to the preparation of nursing personnel. If schools of nursing to prepare registered and practical nurses were to be moved away from the control of hospitals, over half of the hospitals in this survey would be affected (644). Many of the hospitals were engaged in educational programs in addition to those provided in a diploma school, and many were providing facilities for programs offered by other institutions.

An examination of the data reveals certain striking findings. The 812 reporting hospitals offered 1,213 educational programs, the highest number of which (541) were schools to prepare for licensure as registered nurses. These were followed closely in frequency by programs of technical training (520) (Table 13). A considerably smaller number of hospitals (152) offered programs in practical or vocational nursing.

The greatest number of registered nurse schools reported were in hospitals where the director of nursing service held a masters degree, and the greatest number of practical or vocational nursing schools reported were in institutions where the director held only a diploma.

Hospitals with a nursing director with a masters degree had the greatest number of technician training programs: 51 percent of the 467 hospitals whose directors were prepared at this level conducted a pre-service program for technicians. This compared with the approximately 37 percent of the 353 hospitals where the director held a diploma that were conducting technician training programs, and the 42.8 percent of the 310 hospitals where the director held a bachelors degree.

The combinations of formal educational programs tended to be more frequent in hospitals where the director of nursing held a masters degree.

Schools of professional nursing were conducted by some hospitals of all but those of the very smallest size group (Table 14). The hospitals that offered the greatest number of professional schools (200) were those with an average daily census of 200-299. The category in which the highest percentage (73.3 percent) of hospitals offered this type of program was that of hospitals with an average daily census of 300-399. From these responses, it would appear that the larger the hospital or the better the educational preparation of its director of nursing, the more apt it was to have a school of professional nursing; however, there is no reason to assume a cause and effect relation.

Schools of practical or vocational nursing had been established in hospitals of all sizes (Table 15). Slightly more than half (60 percent) of the practical

or vocational nursing schools were in hospitals of more than 200 average daily census, and 39.4 percent were in hospitals of less than 200 average daily census. The percentage of hospitals in each size category that were engaged in this type of educational operation ranged from 10.0 percent to 19.9 percent.

Four hundred and forty-seven hospitals (38.1 percent) offered the use of their clinical facilities to professional nursing programs not under their control (Table 16). The number of programs using the facilities was 717. There were 462 professional nursing programs reported as being offered in institutions where more than one educational program was offered. These were concentrated in 192 hospitals.

Four hundred and eighty-one hospitals provided clinical facilities to practical or vocational nursing schools not under their control (Table 17). Seventy-four hospitals reported that their facilities were used by other types of nursing educational programs also not under their jurisdiction. The provision of these clinical facilities represents a tremendous involvement in education even for the hospitals that are administratively responsible for the educational program.

The movement of schools and other educational programs for nursing away from the control of the hospitals must be orderly, well timed, and well planned if a severe dislocation of many services for patients, nursing personnel, students, and many others is to be avoided. It will be no small task to accomplish the transfer and the magnitude and significance of it will need to be interpreted to community groups. Wise leadership from nursing is called for and precipitous action should be avoided. The sudden uprooting of a long-established institution is not advisable. The effect upon the entire organization of the hospital should be carefully assessed and the process should be well planned.

The problem of the mechanics and the conceptual structure of the coordination between the hospital and the educational institution will require attention and some resolution before a new pattern of education is instituted. Otherwise, confusion and conflict arising primarily from discordance in philosophies and incongruity of role models will emerge and create strain in both organizations.

The Content of the Inservice Education Programs

A majority (84.0 percent) of the hospitals said they had a planned and on-going inservice program for nursing service personnel (Table 18), but the figures reported must be considered approximate as the separate tabulations indicate an unknown quantity of ambiguous responses. Hospitals of all sizes reported offering inservice programs, but the proportion of hospitals so reporting was higher among the larger sized hospitals than among the smaller ones. In 983 hospitals the program was said to be administered by nursing service, and in 914 the staff was said to be compensated for time spent in inservice activities.

It is difficult to generalize about the content of the programs given by the hospitals because of the failure of many hospitals to give complete information (Table 19). The question asked which of four types of subjects--orientation, initial skill training, advanced skill training, and leadership and management development--had been given in the previous year to seven specific categories of workers--director and assistant directors, supervisors, head nurses, general duty nurses, licensed practical nurses, auxiliary personnel, and private duty nurses. Thirty-seven percent of the hospitals gave no information about programs for directors and their assistants, and 25 percent failed to reply about programs for supervisors. The highest percentage of "no response" was for private duty nurses: 68 percent of the hospitals omitted information about this group. About the remaining four categories of workers, 80 percent or more of the hospitals returned answers. One can only speculate about what a failure to answer means. It might be that no inservice education programs were provided for the groups in question. In some cases, the omission might be an oversight, but when the percentage of omissions is high, it is unlikely that this explanation would account for them all.

In the light of the incomplete information, any discussion of the findings must be cautious. The replies received indicate that the major focus of programs for directors, assistant directors, supervisors, and head nurses was on leadership and management development. Skill training was also given to the director and her assistants in 278 hospitals (23.7 percent of those responding) and to supervisors in 506 hospitals (43.1 percent of those responding).

Skill training formed the major focus of the programs given to general duty nurses, licensed practical nurses, and auxiliary workers. Only about one-fifth of the hospitals reported that they provided programs in leadership and management development for general duty nurses, and in 17.5 percent (205) of the 1,172 hospitals, the only program for general duty nurses was orientation.

The main issue raised on inservice education is related to that of identifying the primary purpose of the nursing service. If nursing service is an organization for conducting nursing practice, as proposed by Dorothy M. Smith, then the emphasis in an inservice program should be on the improvement of practice. (3) This implies that the development of clinical nursing skills for the practitioner should receive first consideration. A second consideration is whether or not those who hold administrative positions should be required to develop more clinical nursing skills.

There are some who see the functions of the director, her assistants, supervisors, and head nurses as being primarily administrative, that is, involved with facilitating the action of the employees of the nursing service who give the nursing care. Others, however, believe that the major attention of the administrative group should be on staff development, which they see as encompassing

continuing education for nursing practice, including developing the ability of the worker to evaluate the effect of his practice on patients himself. In order to carry out this function, the members of the administrative group should themselves be experts in nursing.

This variance in basic beliefs appears to be reflected in the responses to this survey. One can speculate that they suggest that in the inservice educational programs that do exist, the emphasis is more on making head nurses, supervisors, and directors more skillful administrators, and less on making them more expert clinical nursing practitioners with the administrative skills necessary to make them "the servants and teachers of others." Is this an accepted premise or should the balance of focus in the inservice programs for administrators and supervisors be examined more closely in the future? (4)

The Organization and Administration of the Department of Nursing Service

The portion of the questionnaire concerned with the organization and administration of the department of nursing service gave evidence that the directors and their assistants were deeply involved in many diverse activities. The questions suggested by the findings in this section are not simple ones. Has the time arrived--or is it long overdue--for new patterns of organization to be created for this service? Is it time to consider a new approach to its organization that will replace the traditional one? Are the activities that occupy the director the ones she ought to be engaged in? Are there other activities that should be added to her job? For example, which of her activities reflect her leadership in the field of scholarship and teaching in nursing service administration? Or is leadership in these fields seen as an activity that belongs to persons who are not actively engaged in the operation of a nursing service?

The responses to most of the questions do not lend themselves to interpretation. The few mentioned here were selected to illustrate the complexity of the position of the director and the way the role varies according to the size of the institution, and to emphasize the problems associated with an attempt to delineate the activities that should make up her job.

The questionnaire listed 48 activities and asked about each one whether it was considered a responsibility of the department or not related (Table 20) (5). If the activity was a department responsibility, then the question was whether it was performed regularly by the director, sporadically by her, or delegated to others whose work she then reviewed. The answers showed that there was no activity in the list that was not performed by some of the directors, and there was no director who performed all 48 activities regularly. An activity that in one hospital might be performed regularly by the director, in others might be performed sporadically by her, or be delegated, or perhaps be considered unrelated to the work of the director. Variety reigned.

Twenty-six of the activities tended to be regularly performed by the director herself, and their performance appeared to be related to the size of the hospital. Fifteen of these 26 activities were reported as being performed by the director in at least 50 percent of the hospitals of the 400-499 beds and 500 beds and over. These activities were concerned generally with coordination, communication, personnel and departmental policies, planning authority implementation, formal reporting, and budget. Many of the activities could be interpreted as having little to do with patients, personnel, or students.

The remaining 11 of the 26 activities were reported as being performed regularly by the directors of at least 50 percent of the hospitals in the smallest size group. These activities grouped themselves into two fairly specific categories: those concerned with nursing service personnel--their recruitment, selection, assignment, and termination--and those related to the nursing care program and its implementation and evaluation.

The responses on these 26 activities fall into a scaling pattern which is relatively precise. A chart shows that as the hospitals grow larger, the activities of the director of nursing apparently change. Activities concerned with the patient care program, its evaluation and integration with the medical care program, and activities related to direct contact with nursing service personnel were no longer a part of the regular work of the director. She either performed these activities sporadically or delegated them to others in the department. The larger the institution, the more the work of the director of nursing service became work of an executive nature, concerned with the developing and implementing of policy, formal reporting, organizational planning, and budget.

There were four activities that, while they were not performed by 50 percent of the directors in each size category, were always carried by her whenever they were performed: they were never delegated. These were two activities related to the educational experiences for students, one related to participation in a job-oriented counseling service, and one related to employee performance appraisal.

Activities considered unrelated to the work of the director were those concerned with the development of specifications of equipment, providing a job-oriented counseling service, program planning for volunteers, and the use of community nursing service. The percentage of hospitals in each size grouping giving this reply was low in comparison to the previous responses.

Responses about the remaining 15 activities did not fit into the patterns of the other 33. For none of them was the pattern of response discernible. Some activities were performed regularly by the director in a small percentage of hospitals, and sporadically by the director in other hospitals. They were not usually delegated. The activities were concerned with such areas as nursing studies and

research, giving direct patient care, writing articles for the hospital newsletter, and holding departmental meetings.

A few of the specific findings merit attention. In answer to the question about submission of a budget covering personnel, 30-40 percent of the hospitals in each size category of over 200 beds reported that the director did not submit such a budget, while 60-70 percent of these hospitals said that she did. Between 21 and 40 percent of hospitals in the categories of under 200 beds said that budget preparation and submission was not part of the director's job. The number of hospitals (486) that reported that their director administered the budget for the department was smaller than the number (578) reporting she submitted a budget.

The data pertaining to the other two budgetary activities--"submits an annual budget covering supplies and equipment" and "submits an annual budget covering other expenses, such as travel, staff, staff development, and the like"--were very similar to those reported about the administration of the budget. Fifty percent of the directors in hospitals of 400-499 beds and 500 beds and over submitted these budgets, and 45 percent of the directors in hospitals of 200-299 beds and 300-399 beds did so. In hospitals of under 200 beds, the response about these two activities indicated that from 10 to 35 percent in each group submitted budgets for supplies and equipment and from 7 to 40 percent for other expenses.

The data on these four activities are puzzling. According to the responses, even in the very largest hospitals the position of director of nursing service was not seen as one that should carry much responsibility for translating the requirements for staffing, equipment, and other needs into a monetary plan, for submitting and supporting the budget request, and for administering the allowed budget. It seems so apparent that the director should be responsible for these activities that suspicion arises that the question may have been misunderstood and that the replies do not depict the actual situation.

If, however, the responses are correct, then disturbing questions arise. How does it happen that such a high percentage of hospitals of all sizes withhold this responsibility from their directors? In many of the smaller institutions, the directors of nursing services were diploma graduates and had no additional preparation for their functions as director, but this was true also of some of the larger hospitals. The fact that the tenure of the director in the smaller hospitals tended to be shorter seems to have little bearing on the question. What other characteristics of the hospital might influence the placement of authority and responsibility for nursing service budget planning, substantiation, and implementation? Was the director of nursing seen as someone who was knowledgeable about personnel requirements for nursing service but less capable of administering budget and of estimating financial needs? Or was it a question not of control but of hospital efficiency?

The responses from the small hospitals--those of less than 50 average daily census--seem to show that in these institutions, the work of the director is not considered related to departmental communications, organizational plans, budget, recruitment of nursing personnel, terminating personnel, performance appraisal, evaluation, and standards of care. Several possible reasons may be suggested for this. In such small institutions, certain of these functions may not yet have become a part of the formal work of the director, but are carried out in some informal manner. Or some of the directors may not have held their positions long enough for the requirements of their role to have been fully developed. Another possibility is that these activities are performed by the administrator. The true explanation can only be determined through further study. It seems evident, however, that the position of director in small hospitals is different from that of the director in any of the larger ones. Perhaps this difference should be further explored to determine how best to prepare the director of nursing for the small hospital.

When these findings are examined in the light of the criteria that have been developed and adopted by the NLN membership, useful information may be gained that will give direction to program planning and the implementing of the criteria. However, the question may also be raised whether these 48 activities are the ones that should be performed in the nursing service and whether they are being carried out by the people who ought to be responsible for them. Again, it was not the purpose of this study to make such judgments, but the matter requires further consideration.

Another question in the survey asked what were the five aspects of the job of director on which the director and her assistants spent the most time, and what were the five on which most time should be spent. Some of the findings are a cause for concern. Fifty percent or more of the hospitals answered that (1) the aspect of the job taking most of the time of the director or her assistants or both was "staffing problems," and (2) this was not an aspect to which the most time should be given. This raises the question not only of why this particular activity took so much time, but also how such problems should best be handled. Were the major causes of staffing difficulties really "personnel, turnover, and absenteeism," as more than half of the hospitals said, or were other factors at work? What did the term "staffing problem" mean to the respondents?

At this time, it may be appropriate to present some of the findings about how the hospitals were staffed. The total number of full-time and part-time employees reported by the nursing service departments was nearly 340,000 (Table 21). The number of budgeted but unfilled positions was approximately 24,000--more than half of them (12,536) in hospitals of over 300 beds. It is difficult to compare the staffing in the hospitals of various sizes, but in general it seems that hospitals of 500 beds and over not only have a smaller staff in proportion to their average daily census, but their current budget calls for a smaller staff.

Sixty percent of the budgeted vacancies were for registered nurses. This was three times as high as the percentage of vacancies for any other single category (Table 22). There was no clear relationship between size of hospital and percentage of unfilled positions for registered nurses.

In general, as regards full-time workers, the composition of the nursing staffs was much the same in hospitals of all sizes, except that the percentage of registered nurses was smaller on the staffs of the hospitals of 500 beds and over (31 percent).

There was greater variation evident in the data given by the various size hospitals on part-time employees. For example, registered nurses formed a smaller proportion of the part-time employees in hospitals of under 100 beds than in the larger ones. The variations were primarily in the distribution of the various employees, not so much in actual numbers.

The relationship between budgeted vacancies, staffing problems, and policies on employment and staffing was not explored, but certain speculations come to mind. For example, was there a ceiling on the number of part-time employees that could be absorbed by any department? Could some of the unfilled budgeted positions have been the result of an inflexible policy about the employment of part-time workers or an inability to use the part-time worker effectively?

There is no question but that staffing was a major problem for these hospital nursing services. Immediate attention should be given to helping the services with this problem of stabilized staffing and appropriate allocation of functions.

To return now to the way directors of nursing allot their time, they reported that the four other aspects of their job, in addition to staffing, to which they gave most of their attention were: policies and standards for operation of the nursing service; policies and procedures for maintenance of staff; policies and procedures for nursing care of patients; and coordination of nursing functions with those of other departments. With one exception, the assistant directors divided their time the same way. The exception was that the assistants spent less time on policies and standards for operation of the nursing service and more on evaluating nursing service for patients and their families.

These four aspects of the job were, unlike staffing, all seen as ones to which attention should be given.

In response to the question about the amount of time spent on "policies and standards for operation of the nursing service," the number of respondents in every daily census size category that said that this aspect was one of the ones to which their director was giving "most of her time" was greater than the number that said it should take up most of her time. Apparently more time was being given to this aspect of the position of director than was thought to be desirable.

Similarly, the number of hospitals in each category that said "staffing problems" was one of the aspects taking up most of their directors' time was greater than the number that said "policies and procedures for maintenance of staff" did so. This implies that more time was spent on staffing problems than was spent on that aspect of the job that might conceivably prevent these problems. It might be that if the director and her assistants could spend more time on staff maintenance, the time needed for both this aspect of the job and for "staffing problems" could be cut down.

The findings suggest that the job aspect called "policies and standards for nursing care of patients" was believed to warrant more attention than it was getting. Only in the very smallest hospitals did the number of responses that said the director devoted "most of her time" to this part of her job exceed the number that said it was an item to which most time should be given. In fact, a higher percentage of hospitals checked this as an aspect to which "most time" should be given than any other. One can conclude that these hospitals regarded the developing, carrying out, and evaluating of policies and standards for nursing care of patients as highly important.

The question that this finding raises is: what is preventing the directors and their assistants from spending as much time on this aspect of their jobs as they think should be spent? Or is it that the persons completing the questionnaire gave responses they thought were "expected"? In other words, are individuals in nursing creating a myth--placing a halo around the image of nursing care that they would like to give without any hope or belief that they might ever achieve it? There was no way to check the halo effect of the wording of this phrase, but the majority of responses do come from hospitals where the director possesses a high degree of academic sophistication. On the other hand, it might also be said that these directors, because of their educational preparation, are more keenly aware that the ultimate purpose of the nursing service is to give care to patients and their families. The lack of consonance between the responses about how time is spent and how it should be spent may indicate that the directors and their assistants are facing a dilemma. The question then would be how they could be freed from other aspects of their jobs so that they could give the attention they think is desirable to the improvement of patient care.

Participation in Interdepartmental and Departmental Meetings

There was little question that in hospitals of all sizes, some of the time of the director of nursing service or her delegate was spent in the discussions out of which came recommendations on hospital policy and action. The participation might take the form of serving on committees or attending meetings of department heads. Directors were also asked whether, if they did not participate in such meetings, they discussed these topics with their administrators. The responses

indicate that to a great extent, the directors' participation was limited to work on such fairly obvious topics as safety, disaster control, infections, patient care, and inservice education. Another six topics showing a fairly similar pattern were budget, community relations, physical facilities, policies, records, and reports. It was in the larger size hospitals that the highest percentage reported their directors of nursing took part in such meetings.

There were, however, a few discordant findings. Ten percent or more of the hospitals under 400 beds said that their directors did not participate in making recommendations on budget matters, even through discussions with the administrator. Ten to 18 percent of all hospitals said that their directors did not engage in any meetings or discussions of community relations.

A striking finding, in light of the degree to which nursing departments assume responsibility for the pharmacy during evening and night hours, was the discovery that in 12 to 20 percent of the hospitals of every size category, the nursing director did not participate in meetings or discussions related to the pharmacy.

The topic receiving the highest percentage of "does not participate" responses was social service. Between 30 and 40 percent of the hospitals of over 50 beds said that their director of nursing did not participate in discussions of this topic. In hospitals of less than 50 beds, the number of "no responses" was high. Less than 20 percent of the hospitals reported that their director took part in formal discussions of this topic.

As for why in some hospitals the participation of the nursing director in discussion of all these topics was restricted to discussion with the administrator, one explanation might be that these hospitals had no such committees or department head meetings to discuss them. In that case, the nursing service would actually be participating in this type of discussion in the only way offered by the hospital.

However, the findings on this subject as well as those about the activities of the director of nursing service support the impression that in a number of hospitals, the knowledge and opinions of the director were not sought, especially on matters of budget or physical plant. Further exploration of this question is needed, and the attack should be two-pronged. First, an exploration should be made of the knowledge and opinions held by the well-prepared directors on problems of budget and physical facilities, and, second, it should be determined whether these opinions are useful. If they are, then the matter of how to facilitate the director's participation in decisions on these matters can be explored.

Another subject examined by the questionnaire was the degree to which the personnel of the nursing service department made recommendations to the director

of nursing. Hospitals were asked whether or not they had nine specifically listed committees and which of the members of the nursing department regularly attended committee meetings. The nine committees, listed here in descending order of frequency of their occurrence in reporting hospitals were: nursing care procedures, quality of nursing care, inservice education, safety, standardization of supplies, incidents and accidents, methods improvement, nursing service and nursing education relationships, and records.

The composition of the committees varied greatly, and several different combinations were given for each one. The membership most frequently reported for the committees on quality of nursing care, safety, and inservice education included representatives from all five categories of workers in the nursing service department: assistant director, supervisors, head nurses, general duty nurses, and licensed practical nurses. Assistant directors, supervisors, and head nurses were the most frequent combination reported for the committees on supplies, records, methods improvement, and accidents and incidents. For the committee on nursing care procedures, the most frequently reported membership included all categories listed except the licensed practical nurses.

It is interesting that all five categories of workers were usually included on committees that dealt with topics that affected the patient primarily, except for the committee on nursing care procedures.

Summary and Recommendations

In summary, it can be said that the 1964 survey of hospital nursing services produced voluminous findings describing the general state of the nursing services at the time. Eight broad generalizations emerge:

1. In a number of hospitals, the department of nursing service was assuming the administration and management of some of the other services and departments of the hospital on a full-time basis and also was taking responsibility for their functions at times during the 24 hours. In effect, the nursing service in these hospitals was serving a twofold function: to provide the nursing care of patients and to provide continuity for other services.

2. A limited number of the directors held membership in professional and community organizations.

3. In a large part, the leadership for nursing service resided in basic diploma graduates, a high proportion of whom have not sought advanced preparation, who were relatively senior, and whose length of stay in the present position tended to be short.

4. In the majority, the inservice education programs were limited and non-clinically focused.

5. The hospitals were providing and/or controlling a large number and variety of educational programs for preparing nursing personnel or auxiliary personnel.

6. The major problem reported by directors of nursing service was staffing and more time was being devoted to this aspect of the job than was felt should be given.

7. The kinds of activities and the kind of participation engaged in by the director of nursing service and her assistants varied among the different sized hospitals, suggesting that there is need for considering different requirements for the job in varying sizes of institutions.

8. The aspect of the job of the director to which an overwhelming majority believed most time should be given was policies and standards for nursing care of patients and their families.

Immediate further study was recommended along two lines:

1. Consideration of the function of nursing service, its primary identification, and design and implementation of new patterns for its organization and administration.

2. Exploration of ways of improving the leadership for nursing services so that nursing requirements of the patient and his family are met.

Until these problems are fully explored and working solutions derived, the multiplicity of other problems will of necessity continue. Any other approach is merely a finger in the dike.

NOTES

1. For further discussion of this question, see the following:

"The Nursing Priority in the Hospital Nurse's Role" by Mary E. Brackett, in Blueprint for Progress in Hospital Nursing (New York, National League for Nursing, 1963), p. 23.

The Nursing Profession, Fred A. Davis, editor (New York, John Wiley and Sons, Inc., 1965), especially "The Organizational Context of Nursing Practice" by Hans O. Mauksch, p. 109.

Health Issues of the Day (New York, National League for Nursing, 1963).

2. See New Dimensions of Patient Care. Part I. The Use of the Physical and Social Environment of the General Hospital for Therapeutic Purposes by Esther Lucile Brown (New York, Russell Sage Foundation, 1961).
3. Dorothy M. Smith, "Nursing Practice Within a Hospital Nursing Service," Blueprint for Progress in Hospital Nursing, p. 106.
4. See The Community General Hospital by Basil S. Georgopoulos and Floyd C. Mann (New York, The Macmillan Co., 1962).
5. These 48 activities were designed to reflect overall functioning in the department and are closely related to the NLN-Department of Hospital Nursing publications In Pursuit of Quality Hospital Nursing Service, 1964, and Criteria for Evaluating a Hospital Department of Nursing Service, 1965.

TABLES

TABLE 1

NUMBER OF HOSPITALS IN 1964 SURVEY OF HOSPITAL
NURSING SERVICES BY SIZE OF HOSPITAL

Size of Hospital (Average Daily Census)	Number of Hospitals
0- 24	30
25- 49	75
50- 99	147
100-199	313
200-299	316
300-399	146
400-499	61
500 and over	84
Total	1,172

Based on responses to Question No. 1.

TABLE 2

PERCENT OF HOSPITALS REPORTING PROVISION OF SERVICES AND
DIVISION OF RESPONSIBILITY FOR ADMINISTRATION OF SERVICES
BETWEEN HOSPITAL ADMINISTRATION AND NURSING SERVICE

Service	Percent of 1,172 Hospitals Reporting Provision of Service	Percent of Hospitals Providing Service	
		Administered by Hospital Administration	Administered by Nursing Service
1. Intensive care unit	45	2	98
2. Recovery room: obstetric	77	5	95
3. Ward clerks	82	7	93
4. Operating room	99	9	91
5. Emergency room	97	9	91
6. Recovery room: surgery	92	10	90
7. Psychiatric unit	30	10	90
8. Self-care unit	8	11	89
9. Long-term care unit	15	12	88
10. Central supply	96	17	83
11. Formula room	81	19	81
12. Outpatient department or clinic	71	30	70
13. Ward managers	4	30	70
14. Referral system	54	47	53
15. Escort service	68	49	51
16. Inhalation therapy	74	53	47
17. Messenger service	56	66	34
18. Satellite hospital	4	71	29
19. Home care program	9	75	25
20. Rehabilitation unit	32	77	23
21. Delivery service	87	80	20
22. Volunteer service	88	83	17
23. Pharmacy	94	94	6
24. Anesthesia	90	94	6
25. Housekeeping	98	95	5
26. Dietary	98	97	3
27. Centralized purchasing	79	97	3

Based on responses to Question No. 27.

TABLE 3

HOSPITALS REPORTING NURSING SERVICE RESPONSIBLE FOR THE FUNCTION OF
OTHER DEPARTMENTS AND SERVICES BY TIME PERIOD: WEEKDAYS

Department or Service	Hospitals not Responding	Hospitals Reporting Time of Responsibility						Total Number of Hospitals Reporting Responsibility
		Days	Evenings	Nights	All Three	Evenings and Nights	Days and Nights	
Central supply	240	37	5	77	709	62	1	932
Pharmacy	253	18	6	205	61	627	2	919
Hospital administration	429	2	2	111	42	585	1	743
Escort and delivery service	436	23	2	47	481	164	19	736
Formula room	463	144	2	21	495	33	14	709
Admissions	645	5	4	226	111	179	2	527
Messenger service	744	33		47	201	111	36	428
Housekeeping	893	15	6	102	36	113	7	279
Dietary	897	10	5	136	10	106	8	275
Volunteer service	919	49	41	3	55	16	89	253
Purchasing service	1,016	110	1	7	18	17	3	156
Anesthesia	1,109	6		2	47	8		63
Other	1,118	2	2	8	17	22	3	54

TABLE 4

HOSPITALS REPORTING NURSING SERVICE RESPONSIBLE FOR THE FUNCTION OF
OTHER DEPARTMENTS AND SERVICES BY TIME PERIOD: WEEKENDS

Department or Service	Hospitals not Responding	Hospitals Reporting Time of Responsibility							Total Number of Hospitals Reporting Responsibility
		Days	Evenings	Nights	All Three	Evenings and Nights	Days and Nights	Days and Evenings	
Central supply	248	37		68	725	58		36	924
Pharmacy	256	18	2	145	293	453	2	3	916
Hospital administration	415	9	2	80	453	210		3	757
Escort and delivery service	475	22	3	37	530	87		18	697
Formula room	490	128	1	17	500	25		11	682
Admissions	648	4	2	206	147	162	1	2	524
Messenger service	750	31	1	38	253	71		28	422
Housekeeping	898	14	4	92	54	103		7	274
Dietary	908	8	4	124	19	101		8	264
Volunteer service	933	44	13	3	74	8		97	239
Purchasing service	1,080	34	1	4	40	10		3	92
Anesthesia	1,106	4	1	7	51	3			66
Other	1,120	1	1	7	34	6		3	52

NUMBER OF DIRECTORS OF NURSING SERVICE
IN 1964 BY AGE RANGE

Age Range	Number of Directors of Nursing Service
21-24	3
25-34	92
35-44	335
45-54	411
55-64	231
65-74	14
75-77	1
Total	1,087*

*Eighty-five did not answer.

BASIC NURSING EDUCATION OF DIRECTOR OF NURSING SERVICE
AND PERCENT REPORTING FOR EACH TYPE
BY SIZE OF HOSPITAL

Size of Hospital (Average Daily Census)	Type of Basic Nursing Education of Director of Nursing Service		
	Diploma	Associate Degree	Baccalaureate Degree
0- 24	23		5
25- 49	68	1	3
50- 99	125	2	16
100-199	279	2	27
200-299	272		33
300-399	132		10
400-499	58		2
500 and over	75		9
Total*	1,032	5	105
Percent of hospitals reporting	88.05	.43	8.96

*Thirty did not respond or were uncodeable.

Based on responses to Question No. 8.

TABLE 7

HIGHEST EARNED CREDENTIAL HELD BY THE DIRECTOR OF NURSING SERVICE
BY SIZE OF HOSPITAL AND PERCENT OF HOSPITALS REPORTING
FOR EACH EARNED CREDENTIAL

Size of Hospital (Average Daily Census)	Number of Hospitals Reporting	Highest Earned Credential Held by Director of Nursing Service				
		Diploma	Associate Degree	Baccalaureate	Masters Degree	Doctorate
0- 24	28	20		6	1	
25- 49	70	55	1	10	4	
50- 99	144	81	4	33	25	
100-199	308	103	3	91	110	
200-299	306	59		97	149	
300-399	145	23	1	30	90	1
400-499	60	4		25	31	
500 and over	84	8		18	57	1
Total*	1,145	353	9	310	467	2
Percent of hospital reporting	97.7	30.1	0.8	26.5	39.8	0.2
						4
						0.3

*Twenty-seven did not answer.

Based on responses to Question No. 9.

TABLE 8

MAJOR FIELD OF STUDY OF DIRECTORS OF NURSING SERVICE WITH BACCALAUREATE DEGREE
OR HIGHER BY SIZE OF HOSPITAL AND PERCENT OF
EACH MAJOR FIELD IN REPORTING HOSPITALS

Size of Hospital (Average Daily Census)	Total Reporting Hospitals	Major Field of Degree		
		Nursing Service Administration	Nursing Education	Other
0- 24	7	0	2	5
25- 49	13	1	7	5
50- 99	57	19	20	18
100-199	193	76	63	54
200-299	242	91	85	66
300-399	121	48	43	30
400-499	55	15	19	21
500 and over	73	38	18	17
Total	761*	288**	257	216
Percent of major fields of degree in reporting hospitals	100.0	37.8	33.8	28.4

*Eighteen hospitals with directors with degrees did not report.

**Represents 24.57 percent of total sample.

Based on responses to Question No. 10.

TABLE 9

NUMBER OF YEARS THE DIRECTOR OF NURSING SERVICE HAS BEEN EMPLOYED BY
THE PRESENT HOSPITAL WITH PERCENT REPORTING AND BY SIZE OF HOSPITAL

Number of Years Employed in Present Hospital	Number of Reporting Hospitals	Percent of Reporting Hospitals	Cumulative Percent	Number of Hospitals Reporting in Each Size (Average Daily Census)							
				0-24	25-49	50-99	100-199	200-299	300-399	400-499	Over 500
0- 1	75	6.4	6.4	2	6	10	24	19	10	1	3
2- 3	160	13.7	20.1	9	7	24	55	32	20	6	7
4- 5	137	11.7	31.8	2	13	17	29	49	14	5	8
6- 9	191	16.3	48.1	5	13	31	47	48	24	13	10
10-14	233	19.9	68.0	5	17	32	60	63	31	12	13
15-19	144	12.3	80.3	3	8	14	38	42	16	7	16
20-24	95	8.1	88.4	1	5	8	25	26	9	4	17
25-29	40	3.4	91.8				14	10	4	5	7
30-34	31	2.6	94.4	1		5	5	7	7	4	2
Over 35	15	1.3	95.7		1	1	2	6	3	1	1
Total	1,121	95.7		28	70	142	299	302	138	58	84
No answer	51	4.3	100.0								

TABLE 10

TENURE OF DIRECTOR OF NURSING SERVICE IN POSITION IN PRESENT HOSPITAL
WITH PERCENT REPORTING AND BY SIZE OF HOSPITAL

Number of Years as Director in Present Hospital	Number of Reporting Hospitals	Percent of Reporting Hospitals	Cumulative Percent	Number of Hospitals Reporting in Each Size (Average Daily Census)							
				0-24	25-49	50-99	100-199	200-299	300-399	400-499	Over 500
0-1	190	16.2	16.2	8	13	24	58	46	26	5	10
2-3	285	24.3	40.5	8	16	40	85	74	28	14	20
4-5	182	15.5	56.0	3	14	27	39	57	18	9	15
6-9	196	16.7	72.7	3	14	23	48	46	31	16	15
10-14	150	12.8	85.5	1	5	18	38	43	24	10	11
15-19	71	6.0	91.5	2	4	8	19	19	7	4	8
20-24	28	2.4	93.9	1		1	9	10	3		4
25-29	10	0.9	94.8				5	3	1		1
30-34	2	0.2	95.0						2		
Over 35	1	0.1	95.1					1			
Total	1,115	95.1		26	66	141	301	299	140	58	84
No answer	57	4.9	100.0								

Based on responses to Question No. 5.

MEMBERSHIP OF DIRECTOR OF NURSING SERVICE IN
SEVEN PROFESSIONAL ORGANIZATIONS

Professional Organization	Number of Hospitals Reporting* Membership of Director of Nursing Service
American Nurses' Association	995**
National League for Nursing	696**
Alumnae	118
Catholic Nurses' Association	48
American Hospital Association	27
Board of Examiners	8
American Public Health Association	2
Total individual membership	1,894

*Total hospitals reporting, 1,041.

**Membership in both ANA and NLN, 665.

TABLE 12

MEMBERSHIP OF DIRECTOR OF NURSING SERVICE IN
COMMUNITY AND CIVIC ORGANIZATIONS

Community and Civic Organizations	Number of Hospitals Reporting Membership of Director of Nursing Service
Civic groups	248
Health and welfare society	209
Women's service clubs	122
Church	61
Red Cross	41
Church and women's service clubs	24
Church, welfare and health	21
PTA	14
Church and PTA	7
Hospital auxiliary	4
Total	751*

*Represents 64 percent of all the directors.

TABLE 13

TOTAL NUMBER AND TYPE OF FORMAL EDUCATIONAL PROGRAMS BY HIGHEST EARNED CREDENTIAL
HELD BY DIRECTOR OF NURSING SERVICE

Highest Earned Credential Held by Director of Nursing Service	Number of Credentials Reported ¹	Number of Hospitals Reporting Programs Offered	Number and Type of Formal Educational Programs Reported ²			Total
			School to Prepare Registered Nurses	School of Practical or Vocational Nursing	Program of Technical Training	
Diploma	353	191	80	69	130	279
Associate degree	9	6	3		5	8
Baccalaureate degree	310	219	145	36	134	315
Masters degree	467	375	302	40	240	582
Doctoral degree	2	1	1		1	2
Certificate	4	2	1	1	1	3
Not given	27	18	9	6	9	24
Total	1,172	812	541	152	520	1,213

¹Based on responses to Question No. 9.

²Based on responses to Question No. 2.

TABLE 14

NUMBER OF SCHOOLS TO PREPARE REGISTERED NURSES BY HIGHEST EARNED CREDENTIAL
OF DIRECTOR OF NURSING SERVICE AND SIZE OF HOSPITAL

Highest Credential Earned by Director of Nursing Service	Total Number of Directors ¹	Number of Schools of Professional Nursing in Each Size Hospital (Average Daily Census) ²								
		Total	0-24	25-49	50-99	100-199	200-299	300-399	400-499	500 and Over
Not given	27	9				1	6	1	1	
Diploma	353	80			3	29	27	15	3	3
Associate degree	9	3			1	1		1		
Baccalaureate degree	310	145			6	36	56	18	16	13
Masters degree	467	302		1		60	110	71	23	37
Doctoral degree	2	1						1		
Certificate	4	1					1			
Total	1,172	541	0	1	10	127	200	107	43	53
Percent of hospitals in each size category re- porting school to pre- pare registered nurses			0.0	1.3	6.8	40.6	63.3	73.3	70.5	63.1

¹Based on responses to Question No. 9.²Based on responses to Question No. 2.

NUMBER OF SCHOOLS OF PRACTICAL OR VOCATIONAL NURSING BY HIGHEST EARNED CREDENTIAL
OF DIRECTOR OF NURSING SERVICE AND SIZE OF HOSPITAL

Highest Credential Earned by Director of Nursing Service	Total Number of Directors ¹	Number of Schools of Practical or Vocational Nursing in Each Size Hospital (Average Daily Census) ²								
		Total	0-24	25-49	50-99	100-199	200-299	300-399	400-499	500 and Over
Not given	27	6			2	1	3			
Diploma	353	69	2	4	8	18	17	14	4	2
Associate degree	9									
Baccalaureate degree	310	36	1	4	4	8	7	7	4	1
Masters degree	467	40			1	7	15	8	2	7
Doctoral degree	2									
Certificate	4	1					1			
Total	1,172	152	3	8	15	34	43	29	10	10
Percent of hospitals in each size category re- porting school of practical or vocational nursing			10.0	10.7	10.2	10.9	13.6	19.9	16.4	11.9

¹Based on responses to Question No. 9.²Based on responses to Question No. 2.

TABLE 16

NUMBER OF HOSPITALS REPORTING CLINICAL FACILITIES USED FOR
PRESERVICE OR ADVANCED EDUCATION FOR R.N.'S NOT UNDER
THEIR CONTROL BY TYPE OF EDUCATIONAL PROGRAM

Type of Educational Program Using Facilities	Number of Hospitals Reporting Facilities Used for Programs
Masters program in administration	15
Masters program in clinical areas	8
Baccalaureate program for registered nurses	21
Basic baccalaureate program	47
Basic associate degree program	69
Basic diploma	86
Other	9
Subtotal	255
Combinations of the above	192*
Total	447**

*Four hundred and sixty-two individual programs in these hospitals

**Seven hundred and seventeen individual programs in these hospitals

TABLE 17

NUMBER OF PRACTICAL OR VOCATIONAL NURSING PROGRAMS AND
OTHER NURSING PROGRAMS REPORTED NOT UNDER
HOSPITAL'S CONTROL BY SIZE OF HOSPITAL

Size of Hospital (Average Daily Census)	Number and Type of Nursing Educational Program Reported not Under Hospital's Control	
	Practical Nursing Programs	Other Nursing Programs
0- 24	2	1
25- 49	6	4
50- 99	35	7
100-199	107	18
200-299	152	18
300-399	83	10
400-499	39	7
500 and over	57	9
Total	481	74

Based on responses to Question No. 3b and c.

TABLE 18

NUMBER OF INSERVICE EDUCATION PROGRAMS, INSERVICE EDUCATION
PROGRAMS ADMINISTERED BY NURSING SERVICE, AND STAFF
COMPENSATED FOR TIME SPENT IN INSERVICE ACTIVITIES
BY SIZE OF HOSPITAL

Size of Hospital (Average Daily Census)	Inservice Education Programs ¹		Inservice Education Programs Administered by Nursing Service ²		Staff Compensated for Time Spent in Inservice Activities ³	
	Programs not Offered	Programs Offered	Programs not Administered by Nursing Service	Programs Administered by Nursing Service	Staff not Compensated	Staff Compensated
0- 24	13	12	2	11	6	13
25- 49	31	37	3	40	29	26
50- 99	44	97	1	97	30	88
100-199	30	274	2	274	42	245
200-299	20	291	6	287	27	277
300-399	7	136	3	132	12	129
400-499	2	59		59	1	58
500 and over	2	79		83	3	78
Total	149	985	17	983	150	914

¹Based on responses to Question No. 32.

²Based on responses to Question No. 33.

³Based on responses to Question No. 37.

TABLE 19

CONTENT OF INSERVICE EDUCATION PROGRAMS INDICATED (1963)
BY CATEGORY OF NURSING PERSONNEL

Job Titles	No Inservice Education Program	Inservice Education Programs Indicated	Percent of Hospitals Indicating Programs	Type of Inservice Education Indicated			
				Orientation	Initial Skill Training	Advanced Skill Training	Leadership and Management Development
Director and assistant director	435	737	62.9	436	91	187	521
Supervisor	288	884	75.4	589	168	338	629
Head nurses	222	950	81.1	701	280	472	616
General duty nurses	145	1,027	87.6	935	425	657	222
L.P.N.'s (L.V.N.'s)	185	987	84.2	728	335	556	47
Auxiliary personnel	138	1,034	88.2	957	893	387	16
Private duty nurses	793	379	32.3	289	67	136	3
Others	894	278	23.7	252	221	103	15

TABLE 20

ACTIVITIES REPORTED TO BE PERFORMED BY DIRECTORS OF NURSING SERVICE IN
AT LEAST 50 PERCENT OF THE HOSPITALS IN EACH SIZE CATEGORY

Activities Performed by Director of Nursing Service	Size of Hospital (Average Daily Census)							
	0- 24	25- 49	50- 99	100- 199	200- 299	300- 399	400- 499	500 and Over
Administers the departmental budget						X	X	X
Submits an annual budget for other expenses						X	X	X
Submits an annual budget covering supplies and equipment						X	X	X
Submits an annual budget covering personnel					X	X	X	X
Reviews and updates the organizational plan					X	X	X	X
Contributes to annual hospital report				X	X	X	X	X
Submits regular written reports to the hospital administration				X	X	X	X	X
Implements a departmental system for communications				X	X	X	X	X
Initiates and implements a master staffing pattern			X	X	X		X	X
Establishes written policies and procedures for operation			X	X	X	X	X	X
Implements and evaluates nursing service personnel policies			X	X	X	X	X	X
Implements a plan for administrative authority			X	X	X	X	X	X
Develops and implements a plan of organization for the nursing service department			X	X	X	X	X	X
Participates in establishing nursing service personnel policies		X	X	X	X	X	X	X
Coordinates nursing service functions with other departments	X	X	X	X	X	X	X	X
Recruits nursing service personnel	X	X	X	X		X	X	
Selects nursing service personnel	X	X	X	X	X	X		
Terminates nursing service personnel	X	X	X	X	X			
Assigns nursing service personnel	X	X	X	X				
Prepares the nursing personnel to interpret nursing policies	X	X						
Reviews nursing personnel assignment sheets periodically	X	X						
Makes daily patient rounds	X	X						
Establishes written standards of nursing care	X							
Reviews and revises written nursing care procedures	X							
Integrates nursing care program with medical care program	X							
Reviews nursing care plans periodically	X							

Based on responses to Question No. 47.

**NURSING SERVICE EMPLOYEES (FULL-TIME, PART-TIME) AND UNFILLED BUDGETED POSITIONS,
PERCENT OF BUDGETED POSITIONS IN EACH CATEGORY, AND NUMBER OF HOSPITALS
BY SIZE OF HOSPITAL**

41

TABLE 22

NUMBER OF NURSING SERVICE EMPLOYEES (FULL-TIME, PART-TIME)
AND UNFILLED BUDGETED POSITIONS
BY TYPE OF EMPLOYEE

Type of Employee	Nursing Service Employees		Unfilled Budgeted Positions
	Full-time	Part-time	
R.N.	95,525	41,122	14,655
L.P.N. (L.V.N.)	45,022	5,412	4,932
Auxiliary personnel	109,994	9,968	3,339
Technician	8,040	692	657
Nonnurse personnel	18,705	2,848	807
Total	277,286	60,042	24,390

QUESTIONNAIRE

SURVEY OF THE HOSPITAL NURSING SERVICE - 1964

Directions: Please read all questions carefully. Not all of the questions asked will apply to your institution. Fill in the blank or blanks or make checkmarks in boxes to the right of each question as directed (when applicable.) Note that some of the questions are open-ended to provide you an opportunity to describe special characteristics of your department. All replies will be held confidential. In the report of this study, no individual agency will be identified. We appreciate your cooperation.

RETURN IN ENCLOSED ENVELOPE ONE COPY OF QUESTIONNAIRE BY AUGUST 10, 1964
TO
NATIONAL LEAGUE FOR NURSING, RESEARCH AND STUDIES SERVICE
10 COLUMBUS CIRCLE, NEW YORK, NEW YORK 10019

THE HOSPITAL

<p>1. In the space at the right, write in the average daily patient census for 1963 _____</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> Do not write in this space </div>	<p>3. Check the appropriate boxes at the right to indicate all other nursing programs (<u>not</u> under the hospital's control) that use the clinical facilities of this hospital.</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> Do not write in this space </div>
	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> 2730 </div>		
<p><u>educational Programs in Nursing</u></p>		<p>a. Professional Nursing Programs</p>	
<p>2. In the spaces at the right, check the appropriate boxes beside all <u>formal</u> educational programs offered by the hospital that qualify personnel to function in <u>other institutions</u> as well as in <u>this institution</u>.</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> 14-1 -2 -3 -4 -5 -6 -7 </div>	<p>1. Masters programs in administration..... <input type="checkbox"/> -3</p> <p>2. Masters programs in clinical areas <input type="checkbox"/> -4</p> <p>3. Baccalaureate programs for registered nurses <input type="checkbox"/> -5</p> <p>4. Basic baccalaureate programs <input type="checkbox"/> -6</p> <p>5. Basic associate degree programs <input type="checkbox"/> -7</p> <p>6. Basic diploma programs <input type="checkbox"/> -8</p> <p>7. Other (specify) _____ <input type="checkbox"/> -9</p> <p>8. _____ <input type="checkbox"/></p>	
<p>a. School of professional nursing <input type="checkbox"/> 15-1</p> <p>b. School of practical nursing <input type="checkbox"/> -2</p> <p>c. Operating room technician training <input type="checkbox"/> -3</p> <p>d. Obstetric technician training <input type="checkbox"/> -4</p> <p>e. Inhalation therapy technician training <input type="checkbox"/> -5</p> <p>f. Other (specify) _____ -6</p> <p>g. _____ -7</p> <p>_____ -8</p> <p>_____ -9</p>		<p>b. Practical Nursing Programs <input type="checkbox"/> 17-1</p> <p>c. Other (specify)</p> <p>1. _____ <input type="checkbox"/> 18-1</p> <p>2. _____ <input type="checkbox"/> -2</p> <p>_____ -3</p>	

	Do not write in this space		Do not write in this space
23. Indicate by a check in the appropriate box the major field of educational preparation.	76-0	25. What is the number of assistant hospital administrators?	78-
a. Hospital administration	-1		
b. Business administration	-2		
c. Nursing	-3		
d. Medicine	-4	26. Does the hospital have an organization chart showing departmental structure and relationships?	79-1
e. Education	-5	Yes <input type="checkbox"/> No <input type="checkbox"/>	-2
f. Other (specify)	-6		
	-7		
	-8		
24. To whom does the hospital administrator report directly?	77-1	If this is available, please attach a copy and make a check in this box. <input type="checkbox"/>	80-1
	-2		-2
	-3		

Organized Services and Facilities within the Hospital

27. Read through the list of services and facilities at the left. For each item, encircle the number 1, in Col. 1 ① if the facility or service is not provided by this hospital. In Column 2, encircle the number 2, ②, if the organized facility or service is provided within and administered by this hospital. In Column 3, encircle the number 3, ③, if those provided are managed and supervised by the nursing service department. See Definition Sheet

Organized Services and Facilities	Col. 1 Not Provided Within this Hospital	Col. 2 Provided Within and Administered by this Hospital	Col. 3 Managed and Supervised by the Nursing Service Department	2730
Operating room	1	2	3	20-1-2-3
Outpatient department or clinics	1	2	3	21-1-2-3
Emergency room	1	2	3	22-1-2-3
Central supply	1	2	3	23-1-2-3
Formula room	1	2	3	24-1-2-3
Dietary	1	2	3	25-1-2-3
Housekeeping	1	2	3	26-1-2-3
Anaesthesia	1	2	3	27-1-2-3
Inhalation therapy	1	2	3	28-1-2-3
Messenger service	1	2	3	29-1-2-3
Escort service (of patients to other units)	1	2	3	30-1-2-3
Delivery service (of supplies)	1	2	3	31-1-2-3
Volunteer service	1	2	3	32-1-2-3
Pharmacy	1	2	3	33-1-2-3

27. Continued	Col. 1	Col. 2	Col. 3	
Organized Services and Facilities	Not Provided Within this Hospital	Provided Within and Administered by this Hospital	Managed and Supervised by the Nursing Service Department	
Rehabilitation unit.....	1	2	3	34-1-2-3
Recovery Room: Surgical	1	2	3	35-1-2-3
Obstetric	1	2	3	36-1-2-3
Psychiatric unit	1	2	3	37-1-2-3
Intensive care unit	1	2	3	38-1-2-3
Long-term care unit....	1	2	3	39-1-2-3
Self-care unit.....	1	2	3	40-1-2-3
Nursing care unit	1	2	3	41-1-2-3
Satellite Hospital	1	2	3	42-1-2-3
Centralized purchasing	1	2	3	43-1-2-3
*Ward clerk.....	1	2	3	44-1-2-3
*Ward managers	1	2	3	45-1-2-3
*Home care program	1	2	3	46-1-2-3
*Referral System.....	1	2	3	47-1-2-3

*See Definition Sheet

THE NURSING SERVICE DEPARTMENT

28. Employees in Nursing Service During the Week of May 18, 1964.

The following question pertains to personnel employed within the nursing service department during the week of May 18, 1964. In the appropriate columns, enter the number of full-time employees, part-time employees, and number of vacancies for which money has been budgeted.

Include all regular employees who worked during the reporting week, including members of religious orders, whether paid or unpaid. Include personnel who are regular employees but who were absent temporarily because of sick leave, vacation, or attendance at training events or meetings.

Exclude volunteer workers, private duty nurses, students and trainees, Exclude personnel who terminated employment during the reporting week if they were replaced during the reporting week. (Count their replacements).

Full-time personnel are those who regularly work the entire scheduled work week for their job category. All other personnel are to be counted as part-time.

For definitions of job titles, see Definition Sheet. Count each person only once.

(Disregard all numbers in these columns)

2731

Job Titles*	Number of full-time employees	Number of part-time employees	Number of unfilled budgeted positions
Director of Nursing Service	14 _____	15 _____	16 _____
Assistant Directors (day)	17-18 _____	19 _____	20 _____
Assistant Directors (evening)	21-22 _____	23 _____	24 _____
Assistant Directors (night)	25-26 _____	27 _____	28 _____
Coordinator of Inservice Education	29 _____	30 _____	31 _____
Other Inservice Education Personnel	32-33 _____	34 _____	35 _____
Supervisors	36-38 _____	39-41 _____	42-43 _____
Clinical Specialists	44-45 _____	46 _____	47 _____
Head Nurses	48-50 _____	51-52 _____	53-55 _____
General Duty Nurses (R.N.)	56-59 _____	60-63 _____	64-66 _____
Practical Nurses	14-16 _____	17-19 _____	20-21 _____
Auxiliary Personnel (aides, attendants, orderlies, etc.)	22-24 _____	25-27 _____	28-29 _____
Obstetric Technicians (OB)	30 _____	31 _____	32 _____
Operating Room Technician (OR)	33 _____	34 _____	35 _____
Ward Clerks	36-37 _____	38 _____	39 _____
Ward Managers	40-41 _____	42 _____	43 _____
Nursing Office Clerical Personnel	44-46 _____	47-48 _____	49 _____
Nursing Office Administrative Assistant (non-nurse)	50 _____	51 _____	52 _____
Other personnel reporting to Nursing Service Specify _____	_____	_____	_____
Total Nursing Service Personnel, week of May 18, 1964. (These totals should equal the sums of the respective columns.)	=====	=====	=====

67-70
71-73
74-76
77-80

2732

59-60
61-62
63-64
65-66
67-68
69-7071-74
75-77
78-80

*See Definition Sheet

29. Educational background of full-time professional nurses in nursing service.

Enter the total number of full-time persons in each job category, as stated in the previous question. Then enter the number holding diplomas, associate, bachelors, masters, and doctoral degrees. Enter each person once only, under the highest credential held.

(Disregard all numbers in these columns)

2733

Job Titles	Enter total full-time professional nurse personnel	Enter number by highest educational credential				
		Diploma	Associate degree	Baccalaureate	Masters	Doctorate
Assistant Directors of Nursing Service.....	14-15 _____	16-17 _____	18 _____	19 _____	20 _____	21 _____
Inservice education personnel	22-23 _____	24-25 _____	26 _____	27 _____	28 _____	29 _____
Supervisors.....	30-32 _____	33-35 _____	36 _____	37 _____	38 _____	39 _____
Clinical Specialists ..	40 _____	41 _____	42 _____	43 _____	44 _____	45 _____
Head Nurses	46-48 _____	49-51 _____	52-53 _____	54-55 _____	56-57 _____	58 _____
General Duty Nurses (R.N.s)	59-61 _____	62-64 _____	65-66 _____	67-68 _____	69-70 _____	71 _____
Others	_____ (Specify) _____ _____	_____	_____	_____	_____	_____
Total		72-74 _____	75-76 _____	77-78 _____	79 _____	80 _____

30. Are statistics kept on the turnover of nursing service personnel? Yes <input type="checkbox"/> No <input type="checkbox"/>	14-1 -2	33. If your answer is yes, is the inservice program for nursing service personnel administered by the nursing department? Yes <input type="checkbox"/> No <input type="checkbox"/>	17-1 -2
31. If yes, what is the title of the person who maintains the turnover records? _____ _____	15-1 -2 -3 -4	34. If your answer is yes, what is the title of the person directing the program? _____ _____	18-1 -2 -3 -4
Inservice Education		35. If your answer to question 32 is no, is the program administered by a hospital training unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	19-1 -2
32. Is there a planned and ongoing inservice education program for nursing service personnel within the institution? Yes <input type="checkbox"/> No <input type="checkbox"/>	16-1 -2	Other unit? (specify) _____ _____ _____	20-1 -2 -3 -4

36. How are the learning needs of nursing service personnel determined? _____ _____ _____	Do not write in this space 2734 21-	38. Are records kept on inservice education that indicate: a. the programs provided and the classification of personnel for whom they are provided? (check) Yes <input type="checkbox"/> No <input type="checkbox"/> b. the number of hours of each type of program? (check) Yes <input type="checkbox"/> No <input type="checkbox"/> c. the number of participants in each type of program? (check) Yes <input type="checkbox"/> No <input type="checkbox"/> d. the total training received over the year by each individual participant? (check) Yes <input type="checkbox"/> No <input type="checkbox"/>	Do not write in this space 23-1 -2 24-1 -2 25-1 -2 26-1 -2
37. Are staff compensated for time spent in inservice education? Yes <input type="checkbox"/> No <input type="checkbox"/>	22-1 -2		

39. Indicate by checkmarks in the appropriate spaces, the types of planned inservice education provided within the institution during 1963 for each category of personnel listed at the left.

Job Titles*	Type of Inservice Education				
	Orientation	Initial Skill Training	Advanced Skill Training	Leadership and Management Development	
Director and assistant directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27-28
Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29-30
Head nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31-32
General duty nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33-34
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35-36
Auxiliary personnel (attendants, aides, orderlies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37-38
Private duty nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39-40
Other (specify) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41-42

40. Did the hospital offer planned refresher courses for inactive nurses during 1963-1964? Yes <input type="checkbox"/> No <input type="checkbox"/>	43-1 -2	43. Is there a hospital library facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	47-1 -2
Library Facilities		44. If your answer is yes, to what extent does the nursing staff have use of the library? unrestricted <input type="checkbox"/> restricted <input type="checkbox"/> none <input type="checkbox"/>	48-1 -2 -3
41. Are ward libraries provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	44-1 -2	45. What is the title of the person who advises the librarian about purchase of books on nursing? _____	49-1 -2 -3
42. If your answer is yes, what is the average number of volumes or books? _____	45-46	46. Are there libraries in the community to which the nursing staff have access? Yes <input type="checkbox"/> No <input type="checkbox"/>	50-1 -2

*See Definition Sheet for description of personnel

ORGANIZATION AND ADMINISTRATION OF THE NURSING SERVICE DEPARTMENT

Activities of the Nursing Service Department

47. Not all the following activities may apply in your institution. Read through the list carefully and for each one that applies encircle 1, 2, 3, 4, or 5 for each activity as follows:

Encircle 1, ① if the activity is definitely one of the nursing service department.

Encircle 2, ② if the activity is performed regularly by the Director of Nursing Service.

Encircle 3, ③ if the activity is performed sporadically by the Director of Nursing Service.

Encircle 4, ④ if the activity is performed by others and the Director reviews the work of these other persons.

Encircle 5, ⑤ if the activity is not related to the work of the Director of Nursing Service.

Do not
write in
this space

Activities	Activity of Nursing Service Department	Activity performed by the Director:			Activity not related to work of Director	
		regularly	sporadically	through reviewing work of others		
1. Reviews nursing personnel assignment sheets periodically.....	1	2	3	4	5	15—
2. Integrates nursing care program with the medical care program.....	1	2	3	4	5	16—
3. Establishes written standards of nursing care..	1	2	3	4	5	17—
4. Reviews and revises written nursing care procedures.....	1	2	3	4	5	18—
5. Contributes to Hospital Annual Report	1	2	3	4	5	19—
6. Initiates interdepartmental meetings to co-ordinate patient care	1	2	3	4	5	20—
7. Contributes to hospital newsletter.....	1	2	3	4	5	21—
8. Participates in establishing nursing service personnel policies. (e.g., vacations, salary increases, promotions)	1	2	3	4	5	22—
9. Participates in a job-oriented counselling service.....	1	2	3	4	5	23—
10. Selects nursing service personnel.....	1	2	3	4	5	24—
11. Submits regular written reports to the hospital administrator about administrative and clinical nursing activities	1	2	3	4	5	25—

7. Continued

Activities	Activity of Nursing Service Department	Activity performed by the Director:			Activity not related to work of Director	
		regularly	sporadically	through reviewing work of others		
12. Makes daily patient rounds	1	2	3	4	5	26-
13. Assigns personnel to units	1	2	3	4	5	27-
14. Utilizes community nursing services	1	2	3	4	5	28-
15. Interprets hospital policies and procedures to patient, family and community	1	2	3	4	5	29-
16. Implements a departmental system for communications	1	2	3	4	5	30-
17. Plans and implements a job development program for personnel with preservice formal education	1	2	3	4	5	31-
18. Participates in program planning for volunteers	1	2	3	4	5	32-
19. Reviews and revises recording and reporting systems	1	2	3	4	5	33-
20. Prepares nursing personnel to interpret hospital policies, etc.	1	2	3	4	5	34-
21. Terminates nursing service personnel	1	2	3	4	5	35-
22. Provides a job oriented counselling service	1	2	3	4	5	36-
23. Reviews nursing care plans periodically	1	2	3	4	5	37-
24. Performs direct patient care	1	2	3	4	5	38-
25. Establishes written standards of nursing care for each clinical area	1	2	3	4	5	39-
26. Initiates and implements a master staffing plan	1	2	3	4	5	40-
27. Establishes and/or maintains a system of performance appraisal for nursing personnel	1	2	3	4	5	41-
28. Recruits nursing service personnel	1	2	3	4	5	42-
29. Establishes and/or maintains up-to-date job descriptions	1	2	3	4	5	43-
30. Implements and evaluates nursing service personnel policies	1	2	3	4	5	44-
31. Develops specifications for purchase of supplies and major equipment.....	1	2	3	4	5	45-

47. Continued

Activities	Activity of Nursing Service Department	Activity performed by the Director:			Activity not related to work of Director	
		regularly	sporadically	through reviewing work of others		
32. Establishes and maintains a system for evaluating nursing care of patients, such as nursing audit	1	2	3	4	5	46-
33. Administers the department budget	1	2	3	4	5	47-
34. Tests and evaluates the effectiveness of new types of supplies and equipment.....	1	2	3	4	5	48-
35. Coordinates nursing service functions with those of other departments	1	2	3	4	5	49-
36. Implements a departmental plan of administrative authority	1	2	3	4	5	50-
37. Develops and implements a plan of organization for the nursing service department.....	1	2	3	4	5	51-
38. Participates in cooperative planning for educational experiences of students of nursing.....	1	2	3	4	5	52-
39. Shares in the planning for changes in physical structure and facilities	1	2	3	4	5	53-
40. Establishes written policies and procedures for operation of the nursing service department.	1	2	3	4	5	54-
41. Participates in planning for new buildings and facilities	1	2	3	4	5	55-
42. Provides an environment conducive to learning for students of nursing in clinical practice.....	1	2	3	4	5	56-
43. Cooperates in conducting studies of nursing methods, nurse utilization, performance measurement, and other nursing studies or research	1	2	3	4	5	57-
44. Reviews and updates the organizational plan ...	1	2	3	4	5	58-
45. Initiates studies of nursing methods, nurse utilization, performance measurement, and other nursing studies or research	1	2	3	4	5	59-
46. Submits an annual budget covering:						
a. Personnel (Staffing)	1	2	3	4	5	60-
b. Supplies and equipment	1	2	3	4	5	61-
c. Other expenses, such as travel, staff development, etc.	1	2	3	4	5	62-

. This question pertains to those aspects of the job to which the director and the assistant directors of nursing service devote the most time.

Read through all of the items at the left, then in Column 1, check the five items on which the director spends the most time. In column 2, check the five on which the assistant director(s) spend most time. In Column 3, check the five items on which you believe the director and assistant director(s) should be spending the most time.

Aspects of the Job	Col. 1 Takes most time of the Director	Col. 2 Takes most time of the Assistant Director(s)	Col. 3 Items to which most time should be given	2736
1. Evaluation of nursing service for patients and their families.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14- 15- 16-
2. Philosophy and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17- 18- 19-
3. Policies and standards for nursing care of patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20- 21- 22-
4. Policies and standards for operation of the nursing service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23- 24- 25-
5. Organization of the department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26- 27- 28-
6. Coordination of nursing service functions with that of other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29- 30- 31-
7. Staffing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32- 33- 34-
8. Policies and procedures for maintaining an adequate and competent staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35- 36- 37-
9. Formulation of personnel policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38- 39- 40-
10. Implementation and evaluation of personnel policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41- 42- 43-
11. System of clinical and administrative reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44- 45- 46-

8. Continued

Aspects of the Job	Col. 1 Takes most time of the Director	Col. 2 Takes most time of the Assistant Director(s)	Col. 3 Items to which most time should be given
12. System of intradepartmental communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Facilities, supplies, and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Financial plan of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Studies and research projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Skills-training program for personnel without prior job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Job development program for personnel with pre-service formal education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provision of clinical practice experiences for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47-
48-
49-50-
51-
52-53-
54-
55-56-
57-
58-59-
60-
61-62-
63-
64-65-
66-
67-

SPACE FOR YOUR ADDITIONAL COMMENTS

Participation in Interdepartmental Meetings

9. In many institutions, the Director of Nursing Service (or her delegate) regularly participates in interdepartmental meetings or committees of the hospital that make recommendations about policies. Such committees or meetings may have different names in different institutions. The list on the left pertains to topics, not necessarily to specific names of committees. To the right of the topics are the numbers 1, 2, 3, 4 which indicate degrees by which the Director of Nursing Service participates in such meetings that make recommendations about policies.

Encircle the number 1, ①, in Col. 1 if the director does not participate in meetings or committees dealing with the topic.

Encircle the number 2, ②, in Col. 2 if the director (or her delegate) participates in interdepartmental committees dealing with the topic.

Encircle the number 3, ③, in Col. 3 if the director (or her delegate) attends department head meetings on the topic.

Encircle the number 4, ④, in Col. 4 if the director does not attend meetings, but may discuss the topic with the administrator.

Do not
write in
this space

2737

Topics	Col. 1 Does not participate	Director, (or her delegate) participates in making recommendations			
		Col. 2 Participates in committees dealing with the topic	Col. 3 Attends department head meetings on the topic	Col. 4 Discusses topic with administrator	
1. Patient care	1	2	3	4	14-
2. Infection	1	2	3	4	15-
3. Safety	1	2	3	4	16-
4. Methods improvement	1	2	3	4	17-
5. Standardization of equipment and supplies..	1	2	3	4	18-
6. Policies	1	2	3	4	19-
7. Hospital budget	1	2	3	4	20-
8. Personnel	1	2	3	4	21-
9. Physical facilities	1	2	3	4	22-
10. Inservice education	1	2	3	4	23-
11. Records and reports	1	2	3	4	24-
12. Medical-staff relations	1	2	3	4	25-
13. Social services	1	2	3	4	26-
14. Pharmacy	1	2	3	4	27-
15. Community relations	1	2	3	4	28-
16. Disaster control	1	2	3	4	29-
17. Others, (specify) _____ _____	1	2	3	4	30-

Attendance at Meetings of the Nursing Service

50. Indicate by encircling the appropriate numbers which categories of personnel participate in regular meetings or committees within the nursing service department that make recommendations to the Director of Nursing Service. Encircle 1, ① in Col. 1, if there is no committee or regular meeting on the topic. Write the titles of others in spaces provided in Col. 7.

2737

Topics	Col. 1 No committee	Col. 2 Assistant Director	Col. 3 Supervisors	Col. 4 Head Nurses	Col. 5 General Duty Nurses	Col. 6 LPN	Col. 7 Other (Write in)	
1. Quality of nursing care	1	2	3	4	5	6	_____	31-32-33
2. Safety	1	2	3	4	5	6	_____	34-35-36
3. Nursing care procedures	1	2	3	4	5	6	_____	37-38-39
4. Standardization of equipment & supplies.	1	2	3	4	5	6	_____	40-41-42
5. Incidents & accidents...	1	2	3	4	5	6	_____	43-44-45
6. Methods improvement ...	1	2	3	4	5	6	_____	46-47-48
7. Records	1	2	3	4	5	6	_____	49-50-51
8. Inservice education	1	2	3	4	5	6	_____	52-53-54
9. Nursing service and nursing education relationships (if applicable)	1	2	3	4	5	6	_____	55-56-57
10. Other (specify)	1	2	3	4	5	6	_____	58-59-60

Nursing Service Responsibilities

51. Indicate by encircling the appropriate number if the nursing service takes responsibility for the functions or departments (listed on the left) during the week and on weekends.

2738

Functions or Departments	Weekdays (Monday-Friday)			Do not write in this space 2738	Functions or Departments	Weekends (Saturday-Sunday)			
	Day	Evening	Night			Day	Evening	Night	
Hospital administration...	1	2	3	14-	Hospital administration...	1	2	3	15-
Pharmacy	1	2	3	16-	Pharmacy	1	2	3	17-
Dietary	1	2	3	18-	Dietary	1	2	3	19-
Formula Room	1	2	3	20-	Formula Room	1	2	3	21-
Central Supply	1	2	3	22-	Central supply	1	2	3	23-
Anaesthesia	1	2	3	24-	Anaesthesia	1	2	3	25-
Housekeeping	1	2	3	26-	Housekeeping	1	2	3	27-
Admissions of patients to hospital	1	2	3	28-	Admissions of patients to hospital	1	2	3	29-
Messenger service	1	2	3	30-	Messenger service	1	2	3	31-
Escort and delivery serv- ice (of patients to other units)	1	2	3	32-	Escort and delivery serv- ice (of patients to other units)	1	2	3	33-
Purchasing of equipment and supplies	1	2	3	34-	Purchasing of equipment and supplies	1	2	3	35-
Volunteer service	1	2	3	36-	Volunteer service	1	2	3	37-
Other (specify)	1	2	3	38-	Other (specify)	1	2	3	39-

THE NURSING SERVICE AND THE PATIENT

Philosophy and Objectives

52. Is there a written statement of the philosophy (or overall purpose) and objectives of nursing service? 2739
 Yes ☐ No ☐ 14-1
 -2
53. If your answer is yes, in which year was it prepared, or last revised? 15-16
54. If it is available, please indicate by a check in the box that it is attached. 17-1
☐ -2
55. Give two examples of ways in which nursing service personnel implement this philosophy or purpose. 18-19

Goals

56. Have long- and short-range goals been established to implement the philosophy or objectives? 20-1
 Yes ☐ No ☐ -2

If your answer to 56 is yes, check the following three questions in the appropriate boxes.

57. Have long-range goals (period of 1-5 years) been established? 21-1
 -2
 -3
 Written statement of goals ☐
 Goals established but not formally written ☐
 Goals not established ☐
58. Have short-range goals (period of up to one year) been established? 22-1
 -2
 -3
 Written statement of goals ☐
 Goals established but not formally written ☐
 Goals not established ☐
59. List the two major goals to be accomplished in the coming year. 23-24
60. Do you have an operational plan developed to achieve the goals? 25-1
 Yes ☐ No ☐ -2
61. Are there written job descriptions for various categories of personnel in the nursing service department? 26-1
 -2
 Yes ☐ No ☐
62. If your answer is yes, please attach copies for the Director of Nursing, Inservice Coordinator and the Head Nurse and indicate this by checking in the following box. 27-1
 -2

Do not
write in
this space

63. Is there a written policy regarding the percentage of staff giving nursing care who should be professional nurses? 28-1
 Yes ☐ No ☐ -2

64. If yes, write in the recommended minimum percentage. 29-30

65. In your professional judgment, what percentage of staff giving nursing care should be professional nurses? 31-32

66. What is the average size of a medical or surgical patient care unit that is under the supervision of one head nurse? 33-34
 _____ beds

67. How many beds are there in the unit of smallest size? 35-36
 _____ beds

68. How many beds are there in the unit of largest size? 37-39
 _____ beds

69. In your opinion, what size unit would you recommend for a new facility? 40-41
 _____ beds

70. State your reasons for this choice: 42-43

71. Which methods of assignment are used? Check the appropriate box. 44-1
 -2
 -3
 -4
 -5
 (a) Case method ☐
 (b) Functional ☐
 (c) Team ☐
 (d) Other (specify) ☐

72. Does the nursing service classify patients according to their nursing care needs? 45-1
 Yes ☐ No ☐ -2

73. If your answer is yes, please attach a list of the categories used and their definitions and indicate by a check in the box that these are attached. 46-1
☐ -2

74. Do you keep records of hours of nursing care provided per patient? 47-1
 Yes ☐ No ☐ -2

75. If your answer is yes, write in the average number of nursing care hours per 24 hours provided per patient in 1963. 48-50

76. During 1963, what percentage of nursing care hours were provided by: 51-52
 53-54
 55-56
 57-58
 (a) Professional nurses _____ %
 (b) LPNs _____ %
 (c) Auxiliary personnel _____ %

Do not
write in
this space

77. Does the nursing service provide a teaching program other than incidental teaching for patients and their families? Yes <input type="checkbox"/> No <input type="checkbox"/>	2739 59-1 -2
78. On what does the teaching of patients depend?	60-1
(a) The initiative of the individual nurse <input type="checkbox"/>	-2
(b) A regular system within the department <input type="checkbox"/>	-3
(c) Other (specify) _____ <input type="checkbox"/>	-4 -5

Nursing Care Plans

79. Does the nursing staff prepare individual written nursing care plans, other than medical orders for each patient? Yes <input type="checkbox"/> No <input type="checkbox"/>	61-1 -2
80. If your answer to 79 is yes, check the spaces in the table for the appropriate type of patient for whom the nursing care plan is prepared.	62-

Type of Plan	Type of Patient		
	Every Patient	Certain Categories of Patients	
Complete plans			63-
Unusual factors			64-
Precautions only			65-

FUTURE DIRECTIONS

81. What are the three major accomplishments of the nursing service in the past year?	15-17
(a) _____	
(b) _____	
(c) _____	
82. List any organized studies or projects that have been conducted for improvement of nursing care or operations of the department.	18-20

83. Are electronic devices being utilized in the hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	21-1 -2
84. If yes, is data processing used? Yes <input type="checkbox"/> No <input type="checkbox"/>	22-1 -2
85. If yes, for what purpose? _____	23-24
86. Are electronic monitoring devices used for patients? Yes <input type="checkbox"/> No <input type="checkbox"/>	25-1 -2
87. If yes, list the devices and purposes. _____	26-28
88. List any other electronic devices and their uses. _____	29-31
89. What are the two major problems currently facing the nursing service?	32-35
1. _____	
2. _____	
90. Has the nursing service sought outside consultation or assistance in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	36-1 -2
91. If your answer is yes, indicate what kind and from whom sought. _____	37-40
92. Would you use consultation service if it were readily available? _____	41-45
93. If yes, in what areas? _____	46-50

SURVEY OF HOSPITAL NURSING SERVICES - 1964

DEFINITION SHEET

PERSONNEL

Hospital Administrator is the executive responsible for the overall administration of the hospital.

Director of Nursing Service is responsible for the overall administration of the nursing service of the hospital and generally reports to the hospital administrator.

Assistant Directors of Nursing Service include persons called Associate Director, Deputy Director, etc. who share responsibility for overall administration of the nursing service and report directly to the director of nursing service. (Include Evening and Night).

Inservice Education Personnel are responsible for a planned, continuing program of inservice education of nursing personnel.

Supervisors and Assistant Supervisors direct and supervise nursing service for two or more patient care units of the hospital or a specialized area (e.g., Operating Room Supervisor).

Clinical Nurse Specialists have formal preparation in a specified clinical area at a masters level or above and provide direct nursing care of patients.

Head Nurses direct and supervise nursing service for one patient care unit.

General Duty Nurses are RNs who are responsible for the direct and indirect total nursing care of patients.

Practical Nurses work under the supervision of professional nurses and/or physicians, and are (a) graduates of state-approved schools of practical nursing and may or may not be licensed to practice, or (b) individuals granted a license by waiver, on the basis of experience and endorsement, rather than upon completion of a prescribed course of study.

Auxiliary Personnel include Nursing Aides, Attendants, Orderlies, Assistants, etc. who assist the nursing staff by performing routine duties in caring for patients, under the direct supervision of professional nurses.

The OR Technician is a selected lay person who, through a well planned and well organized course of instruction, is prepared to function intelligently under the direct and continuous supervision of qualified professional nurses in the operating room suite.

The OB Technician is a selected lay person who, through a well planned and well organized course of instruction, is prepared to function intelligently under the direct and continuous supervision of qualified professional nurses in the obstetrical suite.

Administrative Assistants are non-nurses who assist the director of nursing by performing managerial tasks in the nursing office.

Ward Clerks maintain records and perform clerical work at the patient unit level.

Ward Managers are non-nurses who perform management activities at the patient unit level, such as scheduling patients for treatments in other departments.

Private Duty Nurses are employed directly by the patient, rather than by the hospital, to provide him with bedside nursing care.

CREDENTIALS

Diploma is awarded by hospital schools of nursing upon completion of the prescribed (usually three-year) course of study.

Associate degree is awarded by a two-year junior or community college.

Baccalaureate degree is awarded by a four-year college or university.

PROGRAMS AND SERVICES

Home care program is a hospital-controlled service rendering care to the sick at home.

Referral system is the formalized means by which information about discharged patients is transferred to another agency to insure continuity of care.

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25B

S/S.T.F.
68

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